

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

The work under consideration for publication.

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Intellectual Property.

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| Section 1. Identifying Inform | nation | |
|--|---|-------------------------|
| 1. Given Name (First Name) Rong | 2. Surname (Last Name) Liu | 3. Date 28-July-2020 |
| 4. Are you the corresponding author? | ✓ Yes No | |
| 5. Manuscript Title Prognosis control surgery | | |
| 6. Manuscript Identifying Number (if you k HBSN-20-596 | now it) | |
| | | |
| Section 2. The Work Under C | Consideration for Publication | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | |
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Zhang 1



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